

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x 678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of Inspection PERMIT #
Baptist Health Flord					(mm/dd/yr)
				812-949-5501	2-18-20 24
Establishment Address (number and street, city, state, zip code) 1950 State St New Albany, IN 47150					121 60 124
Onne				Durmaga	E-November Determine
RHS inc / Attn: Mark Truman				Purpose:	Follow-up Release Date
Owner's Address				1. Routine	10 Juys
Owner s Ad	uuress			2. Follow-up	Summary of Violations:
Person in C	'hawaa			3. Complaint	
rerson in C	$\mathcal{D}_{\mathcal{A}}$		la Steele	4. Pre-Operational	C NC R
Responsible Person's E-mail				5. Temporary	
Kesponsiba	e r erson s	E-ma	ш	6, HACCP	Menu Type (See back of page)
Cartified F.	and Marae			7. Other (list)	
Certified Food Manager Paula Holbrook 5-1-24					12_3_41/5
					<u></u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	Narrative		To Be Corrected By
431	NC			set ilamo und	44 41
	100		Observed food debris & drop end of tray return line.	just 1 fems una	or the today
_		<u> </u>	end of tray return line.		`
				"	
		 			
		-			
					•
				-	
					
Received by (name and title printed): Inspected by (name and title printed):					
Pamela Steele Thomas Side, EHS					
Received by (signature): Inspected by (signature):					
Jamel Stale Stanner					
cc;)	cc:	ļ	cc;